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F I N A L R E P O R T

an exploration into the relationships among
Puerto Rican migrant farm workers' cultural
background, occupational positions and health
attitudes, and the consequences for the delivery
of health services

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Dorothy L. Humphreys

INTRODUCTION

This pilot study begins with individuals. It is about Pascasio, Felipe, and Agapito. It is about thirty Puerto Rican migrant farm workers and the state of their physical and social well-being. But this study begins, too, with society, for the answer to the problems of migrancy rests not only within the opportunities open to any one of these thirty individuals, but within the very organization of our society.

This study is concerned with potential, the development of ideas and perspectives, that looks at, hopefully in new combinations--cultural unity and diversity, social organization and differentiation, the individual and the social world and his attitude toward it. As the study continues, it becomes a test to see if these combinations can be valuable in making a contribution to the solution of the individual and social problems created by migrant life. This final report offers that analysis to Pascasio, Felipe, Agapito, and the larger community of which they are a part.

SCOPE, PURPOSE, AND BACKGROUND OF THE STUDY

Scope

Three "ideal" descriptions of the man involved in this project serve to show the unity and diversity of the migrant culture.

Pascasio

When Pascasio speaks of the tranquility of pasadita maria (our land), it is evident that this tranquility has been the quality he, also, has carried through his forty years in following the harvest. Farm work has been his only job and he first migrated to "look for prosperity and wealth." At age 59, his concerns are not wages and hours, but "mutual help" and support from camp members. In the field he says, "the strong take all." Pascasio himself helps with what he can by willingly giving financial supplements to the income of his brothers and sisters. He feels that his job is secure. Though mechanization is coming, Pascasio comments that there is always a need for steep labor.

For Pascasio illnesses are punishments that come from God and nature. Pascasio reports that his health is very good and that he feels good wherever he works. He says that he has a breathing problem, though he does not consider that a health problem. Later he mentions a bad foot infection that has been troubling him. When asked to compare health services in general between the mainland and Puerto Rico, he comments that here the service is much better since when you are sick they come and take you to the

doctor.

Felipe

When jobs in construction work have been available, Felipe has taken these in preference to farm work. Farm work is hard and the life is lonely, according to Felipe, even though his wife and two young sons are with him. He misses the others in his family--parents, brothers, and sisters. Tranquility and harmony are often mentioned in speaking of Puerto Rico. Like Pascasio he is concerned about mutual help and cooperation and this is why he feels the people of his neighborhood are buenos amigos (good people). With all the people there he got along well and enjoyed life there. Here, he feels, camp life is boring and lonely. In Puerto Rico they belong to the Catholic church but no social club. Here they belong to neither.

Felipe has never used the health services here, because he has never been sick, "gracias a Dios" (thanks be to God). He knows, however, of problems regarding health services-- "One suffers in quantity who does not know English." Health is maintained by work and cleanliness. Slight illnesses are treated at home and if, after a time, they are not better then the family goes to the doctor. But Felipe prefers going to the doctor first.

Some natural cures have been used in his home in Puerto Rico. He was the last child born in his home with the use of a parteras (mid-wife). According to Felipe, evil are does not exist now, but in the last century it did. He

himself has not gone to a folk healer, but some of his friends have. He is unsure of their ability since they have not gone to school.

Agapito

When he is 25, Agapito is going to retire from farm work. But right now at the age of 22, he finds the money is good. Agapito reports that the job situation on the island is bad—it is the dead season in farming and no other type of work is available. But for him, it was the right time to come. He had the fever to see the states and to look for adventure. However, he comments that here is near to nowhere.

Camp life is boring and Agapito did not expect to do farm work when he came. He, also, finds the food on the camp disagreeable. In the camp there is no choice and small portions of food. Food costs Agapito \$13.00 a week.

When asked about mechanization, he responds that perhaps it will come, but the farmers will still need two or three men to run the machines.

He says health services are equal to those in Puerto Rico, but often "they give pills that have no effect." The bad thing is, Agapito comments, is that "I cannot explain my illness."

Agapito views evil eye as only stories, but he himself has gone to a folk healer with a friend.

When asked for suggestions about health services here, he laughs and says, "Yes, tell me where their office is."

Pescese, Felipe, and Agapito are all speaking from a similar cultural background, though at different points along the continuum of culture due to their varying ages and experiences. There is unity in the common historical-cultural tradition they share and there is diversity in their differential adaptation to their individual situations. Their situations are often common and yet their responses differ in form and degree. Common occupational diseases-- insecticide poisoning, infections often coupled with ulcers, rotten teeth, and poor digestion--these elements they share. But their method and mode in maintaining an adequate standard of health and well-being varies.

The variance has increased due to two recently significant factors. The first is the rapidity of change taking place in the Puerto Rican culture and second, the process of assimilation of American culture that is occurring among many of the migrant farm workers. Their age and their experience in Puerto Rico differs as does the degree of their exposure to American culture. Thus, they cannot be expected to be a homogeneous group with similar ideas and attitudes. Nor can it be assumed that their behavior patterns, their manner of fulfilling needs will be identical. Therefore, no single plan for the delivery of health services will suffice; new ways must be developed.

A third point for consideration is the place that the migrant culture occupies within the larger Puerto Rican cultural experience. The culture of the Puerto Rican migrant

worker varies significantly from that of other socio-economic groups on the island. What is perceived as socio-cultural trait must be questioned as to its universal presence in all of Puerto Rican culture or whether it is a mark of the culture of poverty. For example, how important are the peacefulness and tranquility of their homeland here to the men? How much is cultural trait and how much is adaptive passivity to poverty and migrancy? How operative is the belief in the supernatural causes and cure of illness? How strong is the use of folk healers? How much is it an adaptive response to isolation from a larger community where professional services are available? How comprehensive is the value the men place on the kinship web or, again, is this because the Puerto Rican migrant family has not given up many of the old economic and social functions of the family? By finding and understanding the answers to these questions, a strategy can be developed for meeting the needs of the Puerto Rican migrant workers on whatever level of culture or cultural transition they may be.

Purpose

The aim of this pilot project was to study the inter-relationships among the cultural background of the migrant farm worker, his occupational position in the migrant stream, his attitudes toward health and hygiene and the consequences of such relationships for the effective deliverance of health service delivery.

In order to carry out this study it was necessary to:

1. Identify elements in the sociocultural background of the Puerto Rican engaged in migrant farm work,
2. make statements about the migrant living-working experience,
3. link attitudes toward health and health services to items in the Puerto Rican libros¹ and migrant experience, and to
4. examine available health programs and explore alternatives.

Background

In order to show the development of the theoretical framework employed in this project, a review of the pertinent literature and its absorption into the fabric of the study will be given.

Richard A. Bell in the American Sociological Review (1968: 885-900) presents an advanced and extended view of the theory of the subculture of poverty. Using the folk culture of the people of the Southern Appalachians to demonstrate the existence of institutionalized, non-rational response to frustration, Professor Bell points out characteristics which can be used in the theoretical framework to see the strength of the presence of the migrant subculture. Professor Bell posits social dependency, familism, and traditionalism as some of the identifying traits of the subculture. Oscar Lewis has written a less psychologically-oriented essay in the opening of La Vida (1966: xliii-liv).

¹Libros are a segment of the population in Puerto Rico that are "hillfolk."

He, however, clearly defines the subculture:

... provides alien beings with a design for living with a ready-made set of solutions for alien problems, and so serves a significant adaptive function. . . . Its practitioners exhibit remarkable similarity in the structure of their families, in interpersonal relations, in spending habits, in their value systems and in their orientation in time.

In identifying such elements in the socio-cultural background of the migrant farm worker, it was important to keep those suggested characteristics in mind, though not to assume their presence, for the life-style of migrancy may tend to alter these traits.

As there were many things that could be said about the culture of the migrant farm worker, there were many specific statements that could be made about the living and working conditions of the migrant life-style. Dorothy Molnar and William Friedland (1971) make observations in a participatory observation study on the migrant workers of the east coast states regarding the functioning of the crew and their attitude toward work. These comments seem to suggest a parallel to the status position of the domestic worker in Jane Noble's feasibility study (1967) and in a brief article by Robert Sears in *Employment Service Review* (1967). At this point one could view the workers as operating in a limbo between a contractual work relationship and a familial work relationship. Continued working, especially on ideal types of the determinate-indeterminate joint job status conditions, suggested further the strong link between culture and occupational position in defining the attitudes of the migrant farm workers.

Clearly, since the focal point of this study was health attitudes a significant view had to be developed regarding the definition of health and illness in the overall cultural context. Much of this information was provided by Telcott Parsons in the chapter on health and illness in Social Structure and Personality (1964). Since his position paper related to the American value system, support was drawn from Arthur Habel's formulation of the concept of disease among Mexican-Americans (1966). This, again, gave support to the assumption that culture, socio-occupational position, and health attitudes were all closely connected, expressing not only physical dysfunction but social dysfunction as well.

POPULATION AND SAMPLING PROCEDURE

The overall population of study included all male Puerto Rican migrant farm workers residing in Cumberland, Gloucester, and Salem counties in New Jersey during the summer of 1971. According to plan, a sample of this population was selected to be interviewed.

Thirty interviews were stipulated in the original proposal and since injured major crops were involved, approximately ten men were selected from each county. In this way, the geographic area could be used for analysis as a possible variable affecting health service delivery. Lists of farms eligible to participate in the interviews were drawn up in each county and random selection from these lists were used to determine which farms would actually be involved in the interviews.

The sampling method was adequate and was modified in only two instances. In one county the farms tend to be much smaller than farms in the other two counties. Therefore, a reconsideration of the minimum number of men on each camp had to be made. The sampling in another county was modified because the researcher and aide were too well known on several farms to agents of the local health officer and to lessen bias as much as possible, farms where this much contact was evident were omitted from the sample lists.

RESEARCH DESIGN

During May and June an interview schedule (a questionnaire-type interview guide) was formulated using as topics the areas indicated in the research proposal--"perceptions of the Hispanic culture, . . . conceptions of occupational role in the migrant stream, . . . (and) the migrant's attitude toward health care, . . ." (p. 9). Realizing the value of the men as perceivers of their social situation, the researcher formulated questions as to suggest a self-report and then by further questioning to see how strong those attitudes or beliefs are. For example, a series of general questions was asked: "Have you ever had a serious health problem?" "How was your health in the last year," "How is it now?" Then by more and specific questions, e.g. "What types of illness do you treat yourself," "Do you work when you are sick?" the definition of health and illness as perceived by the man is more accurately viewed.

The list of 100 items consisted of one hundred and four questions in the following categorization--twelve were used for

Identifying information, thirty-six on Puerto Rican *afongo* migrant culture, twenty-two questions on occupational history, and thirty-four on health attitudes and use of health services. Beginning on July 8, the first draft of the interview schedule was pretested on five Puerto Rican migrant farm workers non-randomly selected. The entire instrument was pretested. Following the completion of the first interviews on July 15, revisions were made. General questions had to be concretized. For example, "What can you say about camp life?" was changed to "How does camp life seem to you--happy or sad, interesting or boring, hard or easy, agreeable or disagreeable?" Changes were made in wording and organization which made the interview more coherent to the respondent and smoother for the researcher. The second revision was pretested on five more men between July 22 and July 25. With several of these interviews, groups of four or five men participated in discussing the questions, yet one man gave the final response. Here the researcher could observe the flow of ideas, the process of interaction, which at this point was more important than the man's spontaneous response. More information regarding specific norms and preparations was gained through the technique of group discussion. The specific information about home remedies was later included in the final revision. The time of the first five interviews was thirty minutes per respondent and increased to forty-five, with no obvious difficulty with regard to the attention span of the respondents. With the

help of a native speaker, familiar with the spoken patterns of the Chicano, final wording of the questions and their English equivalents was completed.

INTERVIEW METHOD

Interviewing began on August 11. All interviews were conducted in Spanish with the assistance Rodolfo Vallegas for our interviews on August 11, 17, and 29 and Gloria Bonilla² for twenty-six interviews on August 19, 21, 22, 25, September 2, and 3. These aides were oriented through an explanation of the study and the factors under consideration -- culture, occupational position, and health attitudes. By going over the protocol and review with them (factor of which had been taught) and carefully studying the interview schedule to be used, the aides developed a feel for the schedule, learned how to record responses, and pinpointed where problems might be anticipated. Their native ability in Spanish resulted in precise questions and full comments on the schedule and their familiarity with the population helped immensely in gaining rapport with the respondents.

The interviews proceeded as follows. Upon the arrival of the interviewer and her aide at the migrant camp, introductions were made, the purpose of the study was explained and then the interviews began. Interviewing was done with as much privacy as possible. Interviewing was conducted

²Mrs. Vallegas, a sophomore at La Salle College, was selected to be the translator on the basis of his native ability in Spanish and his work as a translator in a migrant health program. Miss Bonilla, daughter of a former migrant worker, qualified for the position due to her native ability in Spanish and work experience in an anti-poverty program.

in various places--in kitchens, in porches, under trees, beside cars, wherever the respondents felt the most comfortable. Recording was done simultaneously.

The researcher began the interview while the aide wrote the responses on the schedule form. This method of interviewing provided the greater freedom in developing a rapport with the respondent and in being able to hear precise responses and comments recorded. After each farm location was completed, the interviews were reviewed by the researcher and aide question by question for accuracy.

Interviewing was held at varying times and varying days depending on the time schedule of the researcher and respondents. Appendix I of this report illustrates the diversity of day and time of interviewing.

FINDINGS OF THE STUDY

Introduction

In the section on findings an overall picture of the results is given under the headings of sociocultural background on the island, sociocultural conditions on the mainland, and health status and sociocultural background. This presentation is followed by analysis and interpretation of the findings under similar topic headings.

Profile

The men interviewed for this pilot project were, at the time, Puerto Rican migrant farm workers employed in Salton, Gloucester, or Cumberland counties in New Jersey from July 1 to September 8, 1971. Though many had traveled extensively during their lives, all of the men were consid-

born in Puerto Rico. All the respondents had lived in Puerto Rico at least 10 years, with almost three-fourths having lived there between 10 and 20 years. (See Table I). The youngest respondent was 17; the oldest, 61, with over one-third between 15 and 24 years of age. (See Table II). Among this sample 43% have never been married; 47% are presently married, while 3% have been married previously. (See Table III).

More of the respondents' families of orientation live on the island than the families of procreation, over 80% of the men's families of origin still reside in Puerto Rico, while only 53% of their families of procreation live on the island. In just two instances did these two family groups live together at the same camp on the mainland. Of the sample, 10% of the respondents' parents were deceased.

In nearly half of the cases the children of the men have residence on the mainland. In 6 cases place of residence is the Negro's labor camp. Two men report their children as living on the mainland, but not with them. One couple is childless. (See Table IV).

Sociocultural Background on the Island

Land

Geographically, the respondents come from many different locations in Puerto Rico. (See Appendix II). At one time or another during their lives 80% of the respondents have lived or worked in the rural areas of Puerto Rico. Presently 68% live in the country. Neighborhoods were reported as the functioning form of social organization by 83% of the men. Of those identifying their home as *la casa*

Table 1
 RESPONDENTS' LENGTH OF RESIDENCE IN PUERTO RICO

<u>Years</u>	<u>Number of LHO</u>	<u>Per cent</u>
0 - 9	0	0
10 - 29	22	73
30 - 49	3	10
50 - 69	2	7
No response	<u>1</u>	<u>3</u>
Total	30	100

Table II

AGES OF THE RESPONDENTS

<u>Age</u>	<u>Number of Men</u>	<u>Per cent</u>
15 - 24	11	37
25 - 34	6	21
35 - 44	7	23
45 - 54	4	13
55 - 64	2	6
Total	<hr/> 30	<hr/> 100

Table III

MARITAL STATUS OF THE RESPONDENTS

MARITAL	Number of Cases	PERCENT
Married	16	47
Previously Married	3	10
Never Married	19	43
Total	38	100

Table IV

RESIDENCE OF FAMILY MEMBERS OF RESPONDENTS

	<u>Florida State</u>		<u>Mainland</u>		<u>Not applicable</u>
	<u>Number</u>	<u>Per cent</u>	<u>Number</u>	<u>Per cent</u>	<u>Number</u>
Family of Orientation	23	82	4	18	3
Family of Procreation	9	33	8	87	13
Children	9	60	6	40	15 ¹

¹One couple is childless and another has children in more than one place.

neighborhood, 66% reported it in the countryside.

In describing their town in Puerto Rico, 66% of the men replied that it was, in all, large and pretty. Almost 80% reported their town as prosperous. In response to a general question concerning spontaneous comments about their place of residence, 27% of the men offered positive attributions and 3% cited negative characteristics. Neutral responses were given by 30% of the men and 40% of the respondents had no comments. (See Table V).

Agriculture alone is the means of livelihood in 30% of the places of residence, but it is the primary job available in 66% of the towns of the respondents. Construction, combined with farm or factory work, accounts for 17% of the work available in the towns of the respondents. (See Table VI).

Interpersonal Relations

All but one of the men regarded life in Puerto Rico as agreeable, reporting that the people of the town were friendly. Similarly, all of the men felt happy in their families. Cohesiveness of the family unit was the primary characteristic cited by 96% of the respondents. The way in which the men expressed this familial solidarity was through comments regarding group harmony, positive interpersonal relationships, joint activities, and provision of family members' needs. Only one respondent could not identify any characteristic relating to his family life in Puerto Rico. (See Table VII).

Table V

DESCRIPTION OF PLACE OF ORIGIN IN PUERTO RICO

<u>Response</u>	<u>Number of responses</u>	<u>Per cent</u>
Positive Characteristics	8	27
Neutral or Descriptive Data	9	30
Negative Characteristics	1	3
No response	12	40
Total	30	100

Table VI

PRIMARY AND SECONDARY SITES OF EMPLOYMENT IN HOME PLACE
OF RESIDENCE OF RESPONDENTS

<u>Type of Job</u>	<u>Number of Times Cited</u>	<u>Per cent</u>
Agriculture alone	18	13
Agriculture with other jobs	8	29
Factory work alone	3	10
Business alone	1	3
Construction with other jobs	3	17
Carpentry with other jobs	3	10
Total	36	100

Table VII

FACTORS CONTRIBUTING TO SATISFACTION OF THE RESPONDENT IN
HIS FACILITY OF ORIENTATION

<u>FACTORS</u>	<u>Number of Men</u>	<u>P.C. COM</u>
Cohesive harmonious group	10	94
Positive interpersonal relations	9	74
Joint working/living activities	8	13
Member's needs provided for	6	29
Don't know	1	3
Total	30	100

The quality of the relationship the men have or had with their fathers was reported as favorable: over 91. felt their relationship was good. This satisfactory association was expressed almost evenly as "he was a good father" and "they got along well." The two respondents that did not have a satisfactory relationship with their fathers spoke in terms of having a bad lodge of the father or of not getting along with him. (See Table VIII).

Among the families of orientation 30% of the respondents had relatives (aunts, uncles, or cousins) living with them in the same home. Another 30. have or have had nieces de crianca (children they cared for) in which the degrees of relationship are nephews, children of nephews, cousins, and children by another marriage.

As a whole the families of orientation do not have significant interaction with organizations outside itself. No families belong to no social club in Puerto Rico. Church membership, though not necessarily a gauge of activity within the community, is held by 70% of the respondents in the Catholic church and 10% in other denominations. No church affiliation was reported by 20% of the sample.

Children

The average size of the families of the men interviewed was 6.3. Exactly 30% of the men had between 1-5 siblings in their family. Another 30% of the men had between 6-10 siblings. One respondent did not know how many brothers and sisters in his family and another respondent was an only child. (See Table III).

Table VIII

RESPONDENTS' IMAGE OF FATHER

<u>Response</u>		<u>Per Cent</u>
Good Father		93
acted as a good father	<u>Number</u> 11	
Had good parent-child relations	14	
Unqualified	3	
Bad Father		7
acted poorly as father	1	
Poor parent-child relations	1	
Total	<hr/> 30	<hr/> 100

Table IX

NUMBER OF SIBLINGS

<u>Number of Siblings</u>	<u>Number of Men</u>	<u>Per cent.</u>
1 - 5	15	50
6 - 10	9	30
11 - 20	3	10
21 - 30	1	3.3
Not Known	1	3.3
None	1	3.3
Total	30	100

Relatives and siblings play a very small role in disciplining the children; only 13% received discipline from siblings. In two cases discipline was administered by the respondent. Discipline imposed by relatives was reported in only one instance. Both parents disciplined the children according to 54% of the respondents. In 30% of the cases only the mother or father bore the sole responsibility. (See Table XI).

Occupation

An equal number of fathers of the respondents have been engaged in agricultural and non-agricultural work. Of the half that have been agriculturally employed 40% have been migrant farm workers (20% of the total for all fathers). Great diversity existed among the non-agricultural jobs held by the fathers which included: carpenter, construction boss, factory worker, salesman, small businessman, and seminary worker.

The respondents indicated that 20% of their mothers are or have been employed outside the home, generally in farmwork. Family income is also supplemented by contributions of male siblings, 66% of whom give money to the family of orientation. (See Table XI).

Sociocultural Conditions on the Mainland

Living Conditions

A high degree of satisfaction is expressed in the living situation on the mainland. Over 77% of the men replied that they are happy here. Almost half gives no reason for their contentment. Job and income account for satisfaction among

Table X

PROVISION FOR DISCIPLINE OF CHILDREN IN THE HOMES OF THE
RESPONDENTS' FAMILIES OF ORIENTATION

<u>Person Responsible</u>	<u>Number of Nos.</u>	<u>Percentage</u>
Both parents	14	54
Primarily mother	5	17
Primarily father	4	13
Siblings and relatives	4	13
No one in family	1	3
Total	10	100

Table XI

FINANCIAL CONTRIBUTIONS TO FAMILY OF ORIENTATION BY SINGLES

<u>Response</u>	<u>Number of Men</u>	<u>Per cent</u>
Yes	23	67
No	8 ¹	27
Don't Know	1	3
Not Applicable	<u>1</u>	<u>3</u>
Total	33	100

¹Qualification can be made on this response: In two cases, only the respondents contribute to their families of orientation. One man had brothers who were studying and unable to help. One man brought up himself and four sisters.

13% of the sample while all aspects of life on the mainland were reported as contributing to the happiness of 37% of the men. Of the 21% that are unhappy here, loneliness is the primary factor. (See Table XIII).

In general, 66% of the respondents find camp life tolerable, 33% citing its agreeable nature. About 13% find it average, while 20% find either the people or the location disagreeable. Two men gave no response. Similarly 60% gave favorable spontaneous comments regarding camp life and 23% offered negative remarks. (See Table XIII).

Of the sample, 83% reported missing their families (11% are in the "not applicable" category because their families are on the mainland). Only in one case the family is not missed. Contact is maintained by bi-weekly letters by 63% of the men and by telephone calls by 10% of the men. In 3 cases three method of contact are used-- letters, visits, and calls. In only one instance is there no contact at all. (See Table XIV).

Life on the mainland is reported by 26% of the respondents to be similar to that of Puerto Rico. Of the 74% who noted differences, it was primarily that life was better in Puerto Rico, but the work situation was better here. Three men noted differences, but had no reason for it. (See Table XV).

Again there is little contact with formal organizations. Only 40% hold church membership on the mainland. One man belongs to the A-H Club here.

Table XII

DEGREE OF SATISFACTION OF THE RESPONDENTS IN LIVING ON THE
RAILROAD

<u>Reasons</u>		<u>Per cent</u>
Happy		77
Good recreational activities	6	
Presence of family	17	
Job and income	13	
No reason in particular	37	
Unhappy		23
Absence of family/friends	20	
Loss of job	3	
Total		<hr/> 100

Table VIII

ATTITUDES TOWARD CAMP LIFE

Attitude	In General		Specific Qualities	
	Number of Men	Per cent	Number of Men	Per cent
agreeable	18	54	18	60
Disagreeable	8	27	7	24
average	4	13	5	16
No opinion	2	6	0	0
Total	30	100	30	100

Table XIV

CONTACT MAINTAINED WITH FAMILIES BY RESPONDENTS

<u>Method</u>	<u>Number of Nos</u>	<u>Per cent</u>
Letters	20	67
Phone calls	3	10
Letters/Calls/ Visits	3	17
Not Applicable	1	3
None	1	3
Total	30	100

Table XV

SIMILARITY AND DISSIMILARITY BETWEEN LIFE IN PUERTO RICO
AND THE MAINLAND

<u>Responses</u>	<u>Number of Men</u>	<u>Per cent</u>
Different ¹	22	79
Work situation better here.....8		
Work situation better in Puerto Rico.....3		
Life situation better here.....2		
Life situation better in Puerto Rico.....7		
Life situation different.....1		
Unqualified.....1		
Same	3	11
Total	25	100

Working Conditions

With the exception of two respondents who had not worked while in Puerto Rico, all of the men have had job experience in both Puerto Rico and the mainland. Agricultural work was done by over 40% of the men in Puerto Rico, while 33% held non-farm jobs. Though division has been made here between farm and non-farm work, agricultural jobs in Puerto Rico are usually held with other types of work, such as construction and carpentry work. Over 44% of the men work all year and the remaining 33% work between 4 to 6 months a year.

Low pay in the jobs on the island was the reason for 30% of the sample leaving their jobs. Poor working conditions add another 14% to this total. The end of the harvest accounted for 23% of the sample having no employment. A desire to see the United States was the reason cited by 18% of the men.

In response to why the men chose to come to the United States, the replies are similar. Low pay in Puerto Rico and the hope of higher salary accounts for 36% of the respondents' reason for migration to the United States. The end of the harvest and lack of employment was responsible for 24% of the men's moving to the mainland. A desire for travel was expressed by 30% of the men. For 44% of the men, farm work was the job sought. (See Table XVII).

A greater degree of satisfaction was noted among the sample regarding the working situation on the mainland. Almost 90% of the men found overall conditions relating to

Table XVI

REASONS FOR RESPONDENTS' LEAVING JOB COMPARED WITH THOSE FOR
COMING TO THE UNITED STATES

<u>Reason</u>	<u>Leaving Job</u>		<u>Coming to U.S.</u>	
	<u>Number</u>	<u>Per cent</u>	<u>Number</u>	<u>Per cent</u>
Work ended/No job	7	18	7	24
Low pay in Puerto Rico	18	33	11	36
Desire to see U.S.	5	18	9	30
Poor working conditions	4	14	3	7
Other	2	7	1	3
Not applicable	8	8	0	0
Total	30	100	30	100

work in the United States agreeable whereas only 36% found them so in Puerto Rico. In regard to work conditions in the United States, a higher proportion of respondents qualified their statements concerning the degree of agreeability. Several are no other choice, there preferred non-farm work, and one noted the difficulty of farm labor. The two respondents who qualified their jobs in Puerto Rico with respect to the favorableness commented on low pay and scarcity of work. However, 36% of the sample found working conditions disagreeable in Puerto Rico, while only 17% of and then so in the mainland. About the same percentage were indifferent to both work locations. (See Table XVII).

About 60% wish to continue in farm work and almost 30% of that total indicated they would stay temporarily depending on pay and other opportunities. Those not wishing to do farm work are about 30% of the sample and the remaining 10% are unsure of whether they wish to continue in farm work. Over 70% would recommend farm work to friends and nearly 80% would recommend it to their children. (See Table XVIII).

Discrimination due to the type of work the men do is reported by 60% of the respondents, but 16% of the men attributed discrimination to their Puerto Rican heritage.

In general, a little over 30% cited all conditions, both living and working, in positive terms. Between 13-24% indicated life and work situations as average, with working conditions scoring more favorably than living conditions, and 18-24% finding all conditions poor with living conditions receiving the most negative comments. (See Table XIX).

Table XIII

RESPONSE TO WORKING CONDITIONS IN PUERTO RICO AND THE MAINLAND

Response	Puerto Rico		Mainland	
	<u>Number of Men</u>	<u>Per cent</u>	<u>Number of Men</u>	<u>Per cent</u>
agreeable	10	36	14	47
agreeable with reservation	3	7	8	26
Disagreeable	10	36	5	17
Indifferent	4	14	3	10
No response	2	7	0	0
Not applicable	2	0	0	0
Total	30	100	30	100

Table XVIII

DESIRE OF RESPONDENTS TO CONTINUE IN AGRICULTURAL WORK

<u>Response</u>	<u>Per cent</u>	<u>Per cent</u>
Yes		37
Permanent employment	<u>Per cent</u> 18	
Temporarily	36	
Unspecified	17	
No		33
Job will end soon	17	
Prefer other work	6	
Unspecified	10	
Unsure		<u>10</u>
Total		100

Table XIX

COMPARISON OF SATISFACTION IN LIVING AND WORKING CONDITIONS
ON THE MAINLAND

<u>Satisfaction</u>	<u>WORK CONDITIONS</u>		<u>LIVING CONDITIONS</u>	
	<u>Number of Men</u>	<u>Per cent.</u>	<u>Number of Men</u>	<u>Per cent.</u>
Good	18	36	16	32
average	8	17	4	13
Poor	3	10	8	25
Indifferent	2	6	0	0
No opinion	1	3	2	6
Total	32	100	30	100

Health Status and Sociocultural Background

Health Status of the Respondents

In the last year 91% of the men reported their health as good. Serious health problems during their lives were noted by 23% of the men. The men feel that their appetites are good, but one-third indicated tiredness even with adequate sleep.

Of the sample, 10% reported that they are sick more now, while 30% feel they have had more sickness in the past. Clearly, 60% feel that their health is the same throughout time and 50% feel that their health is the same whether they are in Puerto Rico or on the mainland. About 25% indicated that their health is generally better in Puerto Rico, while 20% felt that it is better here.

Results show that 70% of the men report that they follow the same procedures here that they do in Puerto Rico to maintain their health. Different practices are indicated by 20% of the men, varying from no care at all, to visitations of home care, to consulting the camp physicians, to hospital care. It was found that 10% replied that they had no experience with health services here to be able to compare procedures followed in Puerto Rico.

In general, there seems to be, according to the men, slightly more use of health services in Puerto Rico than on the mainland. No present use of health services here was reported by 21% of the men. Hospital services were utilized by 23% of the men as compared with 30% on the

lated. About 37% use doctors here as compared with 16% of the men citing use of doctors in Puerto Rico. Clinic attendance is low for both locations. Just 10% of the sample care for their illnesses at home on the mainland, while only 1% do so in Puerto Rico. (See Table XX).

Over half of the men treat slight illnesses themselves; they are equally divided between citing medicines and citing "whatever may possible" as the remedy. It was indicated that 30% of the men treat no illness themselves. About 14% treat all illnesses themselves. (See Table XXI).

Two-thirds of the men do not work when they are ill. About 44% of the men, when ill, will report losing a position to professionals and/or employers. About 13% of the respondents felt that the question did not apply to them since they had never been sick here.

Family Health Practices

Primary group identification comes through strongly as a factor for consideration in the factors cited for good health in Puerto Rico on the mainland. Better treatment in the family, tranquility of life in Puerto Rico, presence of family with the worker and acclimation to this country indicate the importance of family and home setting in the curative process. Use of home remedies, such as throat pinners, leechings, and teas were found being 40% of the men. Indeed, over half felt that herbs are cure faster and/or better than pharmacy medicines. (See Table XXII). Medicines were supplied by 30% of the mothers of the men in their homes. On the

Table XII

HEALTH SERVICES UTILIZED BY RESPONDENTS

Service	Dorado Rico		Sanluis	
	Number of Men	Percent	Number of Men	per cent.
Hospital	25	75	10	25
Doctor	5	15	12	30
Clinic	2	6	2	5
Eye Clinic	1	4	4	11
No Care	0	0	7	20
Total	33	100	35	100

Table XII

TREATMENT OF ILLNESS BY RESPONDENTS

<u>Treatment of</u>	<u>Number of Men</u>	<u>per cent</u>
Slight Illnesses	16	34
all Diseases	4	13
None	9	30
Don't Know	1	3
Total	<hr/> 30	<hr/> 100

Table XIII

RESPONSES INDICATING THAT PLANTS CAN CURE FASTER OR SLOWER
THAN PHARMACY MEDICINE

<u>Response</u>	<u>Number of Res</u>	<u>Per cent</u>
Yes	16	53
No	11	37
Don't Know	3	10
Total	<u>30</u>	<u>100</u>

respondent's mother was a midwife and several men responded that they were the last child in their respective families to be delivered at home.

The respondents indicated that family health is maintained by three main ways: *As--* professional care, good environment, and care that is received in the family. (See Table XXIII).

Superstition

Of the sample, 17% believe in evil eyes; all of the respondents in this category knowing of cases of it. About 11% are unsure of belief in this phenomenon. Although some men felt that it has existed in the past, 70% of the men do not believe in it. (See Table XXIV).

Only 10% of the respondents have gone to folk healers, while 26% of the men report that their friends frequented them. The folk healer's curative ability is denied by 56% of the men. Belief is expressed by 23% of the respondents and an equal number are unsure.

Attitudes Toward Health Services

No one geographical location received preference in providing better health services. Almost 80%, however, responded that health care is better if one pays for it. Satisfaction with the health services on the mainland was indicated by 70% of the men, whereas 20% of the respondents stated they had no contact with health services here.

Thirteen per cent felt that doctors on the mainland were equal to Puerto Rican doctors. When offered a preference, 26% felt the doctors were the same. Thirty-seven

Table XIII

MAINTENANCE OF HEALTH

<u>Response</u>	<u>Number of Men</u>	<u>per cent</u>
Professional Care and Prescriptions	15	39
Good Environment ¹	18	43
Non-professional Care ²	4	11
Don't Know	3	8
Total	38	100

¹Work, food, cleanliness, money

²By self and others

Table XXIV

BELIEF IN EVIL SPIRITS

<u>Response</u>	<u>Number of Res</u>	<u>Per cent</u>
Yes	5	17
No	21	70
Don't Know	4	13
Total	<hr/> 30	<hr/> 100

per cent of the respondents felt that doctors here are good, but 43% would prefer Puerto Rican doctors. Only 7% felt the doctors here are bad. Almost 14% had no experience with doctors here or in Puerto Rico. Of 77%, in general, would not offer a preference because they were unfamiliar with health services here (or on the island). (See Table XIV and XXII).

Opinions of tests or herbs were made by Puerto Rican 1st or 2nd is indicated by 10% of the respondents.

APPENDIX A - PARTICIPATION

Introduction

The primary framework in which we will locate the Puerto Rican migrant farm worker in terms of his sociocultural background is that of rural life, a rural existence which is undergoing change as surely as the urban centers in Puerto Rico. The findings of this study delineate the situation of the migrant subculture at the point at which we intersect, through research, the Puerto Rican country life.

Sociocultural Background on the Island

As seen in Table VI, agriculture is predominantly the means of livelihood in 47% of the rural areas of the island and in half of those locations it is the only means of work. Almost 20% report that it was in poor condition of the land and that, for them, there is either no work available at all or work is available only in specific areas, such as season, higher skilled workers, or Cubans. One-third of the men indicate they work only between four to six months

Table XVI

ATTITUDES TOWARD DOCTORS OF THE HINDU

REMARKS	NUMBER OF CASES	PER CENT
They are all good	11	37
Equal to or better than C. doctors	4	13
They are bad	2	7
Don't know--have never seen	2	7
Indication	6	20
Total	25	100

TABLE XXVI

PERCENT OF FOR STUDENT BILLY DOCTOR

<u>FOR STUDENT</u>	<u>Number of cases</u>	<u>per cent</u>
For	13	43
They are too young	4	20
Can't be expected to do it	13	37
Total	30	100

Working conditions of much limited employment in Puerto Rico are less than ideal. Work is tedious and sporadic, depending on the tourist trade. Lack of an unsatisfactory educational system are also significant factors; they account for 30% of the men's reasons for migration. As one man noted, "I have to work all week to get what I get here (on the minimum daily)." Economic factors, he mentioned, account for nearly 80% of the reasons men are leaving the island to seek employment elsewhere.

Economic conditions is a pervasive theme in migrant life; it determines their life-style and behavior in the United States. In describing the differences between all aspects of life in Puerto Rico and in the mainland as in Table IV, we notice the emphasis of comments based on these economic considerations. "Here I can earn more money and help my family more than in Puerto Rico." "Here you work all the time, there (in Puerto Rico) I didn't work much." Things are better in Puerto Rico, "if I had the same money, but here I always work." Even the terrain of Puerto Rico is described by the men in terms of its lack of economic opportunities.

Some movement away from rural life in Puerto Rico is indicated by this study in the decreasing percentage of men who report that they now live in the countryside. According

¹This high percentage of unemployment in Puerto Rico is also reflected in the 1964-65 labor force of Puerto Rico, 1964-65, a study of labor conditions of the Department of Labor.

The results, in the first 80% of the men lived in the country, showed the present number was 68%. This was the best record with significant change in the life-style--loss of services, home remedies, and folk medicine. The life in Puerto Rico is characterized by a "growth" by almost all of the respondents. A cooperation among family and friends makes Puerto Rico a place "good for living." Similar positive feelings for the island are shown by phrases such as, "I don't like to say it is the only land." The environment to a large number of the men is agreeable because of its peaceful and tranquil nature. As one man comments, "There are no revolutions."

Commentary on the items in Puerto Rico was positive, but vague. There was a characteristic hesitancy of the men to handle general questions, but the men did respond well to specific questions. This is positive items (our land) was evident in many replies--"The land is rich; it doesn't need fertilizers."

Interpersonal Relations

Interpersonal relationships are evaluated in terms of actual help: "a" help. Associations are not primarily social, but have overtones of assistance rather than a service. "In case of emergency, they help, yes." "If you need a favor, they do it." "They try to help." "They attend me as good servants."

Though town and friends present a important channel for meaning and social interaction in the life of the Puerto

Black migrant farm worker, stronger ties are developed primarily and almost exclusively in the family. Against this background, all other relationships seem peripheral.

The family unit has little connection with other groups in the community. Most of the families are nominally Catholic and participation is admittedly minimal. One man replied, "No, we don't belong to any clubs. We are Catholics; we are simple people." Church membership is not seen as a significant form of voluntary association. There is low level organization outside the family among this group and it is even less on the individual, where even church membership is reduced to zero.

The Family Unit

Within the family circle, it is, once again, a tightly knit group. Regardless of the age of the respondents, a strong bond is apparent with the father as seen in the first case. Emphasis is placed upon the cooperative, helping nature of the relationship, for both men. Many of the responses revealed affection for the father-- "He helped and counseled me," "We shared confidences," "He gave me a good place where I could work, the opportunity to be a rich family." Familial dependency seems to be indicated in a good many replies, a dependency on the family of origin that extends into the present. A forty-three year old man says, "I am obedient with him and he is good with me." Two elements in the background of the men account for these close and binding ties. First, the bond with a nonnegotiable and

is stronger than the tie between spouses. (Dufour, 1965: 14) activities and efforts of the men are directed as often as the well-being and maintenance of his family of orientation as it is toward his wife and children. Second, the mode of articulation features an excessive linearity that is reinforced even with verbal logical arguments. Professor José A. Torres Zayas notes this point:

They are socialized "in aspects" in how we find agricultural work as men's "adjective" their life to the cultivation of the land; and to do it with love. But when they turn of age, they realize that there is no land for them to work, and that their fathers did not give them any way for working their small plots. (1965: 196)

For the unmarried offspring the rule is dependence on the father. All money is pooled under the father, as most if not all the men contribute or have male siblings who contribute to the maintenance of the family of orientation.

There is no question among the men about the importance of the family. The men voiced certain expectations about family life. As to the men's view, "to get along well as a family is good." "When you are with the family, one always feels better." There are several features in which the strength and union of these family ties are found--the description of the home environment, provision of family members' needs, interpersonal relationships, and interethnic relations. Overall, the family as described is similar to that of Puerto Rico by the men as peaceful, unified, and harmonious. There appears to be a great deal of satisfaction in just being together, living with the family, and working with the family. "The one thing I like best about being with my family is

Peerto Rico is seeing them in health and being together with them," according to one respondent being with the family is good for one's health and work. One man simply smiled, "They're nice."

Considerable acknowledgment was made that needs of family members were taken care of. One man noted that they (the family) gives him everything to make him comfortable. "They give me all I wanted to eat. A. They're living happily. My man reported that they were treated well in the family. aligned with need fulfillment is the spirit of cooperation within the family. They get along well in almost all circumstances. One man commented, "The family was not an inconvenience for my company." Joint activities, such as working, attended by the man as in restricted family functions and health, is also another basis for family cohesion.

Despite the unstable nature of migrant life, the family maintains a remarkable degree of control over its members. Closely associated with this is great respect by children for parents and for relatives who live in the same families. Discipline is administered by both parents in 54% of the families, but by at least one parent in 84% of the homes. In only 14% of the families did relatives or siblings have the responsibility for discipline.

Family Living Conditions

Life is quite different in Puerto Rico. It is highly controlled by the government. The man, Puerto Rico provides a tranquil, healthful, and happy environment where there are few personal problems or failures and

where one is close to family, friends, and country--"One works and lives well." (by a man who has been a farm worker all of his life) "It is precious. Gangsto is a community of '11, and countryside and roadways. We lived well." It is, as demonstrated before, the objective poverty of the land and scarcity of employment that forces immigration of the men to the mainland. "Satisfaction is found" in the disjunction between induced aspirations and the means provided for their realization that forces them out of the community. They "satisfy." (Gangsto types, 1963: 135)

Agricultural Conditions on the Mainland

On the Level of Satisfaction

In general, as evidenced by the respondents of life on the mainland indicates discontent and displeasure at the conditions on the mainland. However, this does not seem to be the case. Though the degree of satisfaction is not as high as the mainland as in Puerto Rico, 60% of the men characterize life on the mainland as easy and interesting and find their situation good. Referring to the co-operative attitude of their co-workers, several report that the camp "gives help." "It is good; there are many diversions, Gorteen (a baseball), the lake, and friends for walking." Almost 20% have no opinion about life on the camps here. Less than one-fourth find camp life hard, boring, or negative. One person says "I've never enjoyed it." "It is not tranquil," "I'm not feeling too good. No job. On suffers here," "Life is boring and disagreeable--paying for the good and eating what one doesn't like. There is no one

such help here, they'd rather play cards. The former only wants you to work, but they don't help you when you're sick. . . . that the evaluations follow the expectations of the men regarding what Puerto Rico is or ought to be--tranquil, friendly, and healthful.

The basis for rating life on the mainland is not economic success or failure, but is, more importantly, presence of peace and family. This is surprising since economic maintenance is the primary motivation for immigration. Nearly 50% could not indicate why they feel they are happy here, though all of the men could do so regarding Puerto Rico. Of the sample, almost 30% indicate that their lives are the same whether on the island or here.

If asked that positive differences, 55% report those variances in terms of job and income. Another 40% do so in regard to aspects of family life. In general, a pattern develops of working conditions being improved on the mainland, but living conditions being more satisfactory on the island. This is borne out in several areas in response to direct and open-ended questions.

Immigration to Working Conditions

It is obvious that living conditions on the island are agreeable to almost all of the respondents and that there is satisfaction, though considerably less, on the mainland and less precisely expressed. The discussion of work also gives a lucid view of the conditions as perceived by the men. As previously found the jobs in the Rico disapprovable considering the strong motivation given for moving to the

United States. Over 50% found their jobs in Puerto Rico compatible in varying degrees as compared with 60% on the mainland. They are offered specific reasons for their satisfaction-money, working conditions, and relations with co-workers. Greater dissatisfaction was found among jobs in Puerto Rico than on the mainland. Security of work, difficulty of job, poor pay, and bad conditions are complaints in either work location, but were mentioned with greater frequency with regard to Puerto Rico.

Fatalism

Though differences in living and working situations have been noted, the overall level of satisfaction is generally high and level of dissatisfaction is low. In many of the responses a certain amount of fatalism is present. Over 20% of those who reported farm work as agreeable qualified it by saying they saw no other choice of life style. Problems in family and living conditions are similarly expressed. "At times problems occurred for which one can't help. But they are from beyond human." Life is viewed as unpredictable and man as a passive agent. "As one goes through life, one has to take life as it comes. It will be as it is to be." Although 50% stipulated they would remain in farm work if all other opportunities are available, such channels are not actively being pursued. Nearly 24% of those who will not continue in farm work give the reason that the harvest will end soon, indicating only a temporary separation from this type of employment. Most of the men believe mechanization is taking over farm work,

but this does not create overwhelming anxiety, but rather
reticence among the men. In many cases, the possibility
of mechanization is not seen as a personal problem. The
men feel that they will be able to obtain one of the few
remaining jobs, either in farms without machines or as one
of the men running the machines.

Level of Expectations

Consistent with the high level of satisfaction is that of
high expectations. Although a number of their children are
young and the men were not able to speculate on their fu-
tures, a good number of men specifically mentioned on their
preference for their children's education. "While I can
help them, I prefer they study what they wish." "I wish
that they study so that things will be better for them."
"It will be what it is to be. They may be teachers. Farm
work is very hard. Office work is better."

In this section one can see the respondents' adherence
of middle class values, of their high regard for education
and their consciousness of society's exploitation of migrant
farm labor. Though 70% of the men would suggest farm work
to their friends, great qualifications are added with the
recommendation. "Yes, if he is out of work." "If there
is nothing more, I would recommend it." "Yes, if they
know nothing else, I understand that I would have to do it."
"After having a good thing, yes, I would recommend it."
There is also a definite distinction in that men who will continue
in farm work will not recommend it to be in friends. The
percentage drops greatly when it is the children of the men

to whom the recommendation for farm work is given. Less than 50% of the men make this commitment. More negative evaluations of farm work are shown in these responses than at any other point in the interviews. One man replied that he wanted his children to do farm work so that they can learn how bad it is.

Evaluation of Self

The negative evaluation of work carries over into their perception of self. "I don't like farm work. Very hard. They go all day every day to their ability. But others like me don't," again they have internalized well the values of the larger society. In response to whether they feel they help other people through their work, one man replied, "Yes, because we work in agriculture and people go to Puerto Rico and collect unemployment." The respondents do not feel mistreated because they do farm work, although one man comments that he is not poorly treated if he works well. Discrimination, as pointed out in the section on findings, is acknowledged on the basis of their Puerto Rican heritage by a greater number of men. "Because we do not fit well, we are not treated equally." In response to the unequal treatment, one man asserted, "someone will always talk to you."

Health Status and Socioeconomic Background

Socio-economic Background and Health

The key to understanding the health attitudes and practices of the Puerto Rican migrant farm workers rests principally in the relationships between the elements of the socio-

cultural background reinforced on the mainland, and the observable practices of the men. It is seen in this study that the environment on the mainland closely approximates that of the island--the rural, poor, relatively isolated, village character of the area. In so much as the mainland offers a comparable living-working situation, health status, attitudes, and practices are similar. Nearly 60% of the respondents feel their health is the same throughout time, whether in Puerto Rico or in the states.⁴ No agreement is reached concerning the location of the most satisfactory health services. Responses are closely divided between Puerto Rico, the mainland, and no perceived difference.

The conditions of poverty, isolation, and low level of organization have implications for the delivery of and pattern of use of health services. Thus, when the men speak of methods of maintaining health, work was a significant theme in over a third of the replies. "If one doesn't work, sickness will surely come." "One has to work and economize money to have in bad times." Work is seen as having, in itself, no work, but there is more emphasis on the value of work in providing money in meeting medical crisis in the family. Despite their own illness, the men feel "if there is work, one has to try." One man answered that he helps with money to take the more ill of his family to the hospital. A good living means employment, cleanliness, and food is seen

⁴If they see differences, it is Puerto Rico, according to the men, the mainland does not measure up to their conceptions of Puerto Rico--a tranquil, healthful, financial environment.

is slightly less important than professional care, according to the same.

The "attitude" toward health services is varied as indicated by 70% of the men whether they are in Puerto Rico or on the mainland. It is one that they are referring to as using those services that are most available, for there is reported wide difference in the type of health facilities utilized. Puerto Rican hospitals² are cited by three-fourths of the men as a primary source of health care, but the use of hospitals here drops to less than 30%. In turn, use of private doctors more than doubles on the mainland to over one-third of the sample. Use of clinics is constant and the reported percentage is low in both locations. Home care and no care at all on the mainland is reported among 11% of the sample, as compared with only 4% indicating home care and care by respondents themselves in 13% of the cases. Health care among the Puerto Rican migrant farm workers is, thus, determined by individual resources, the severity of illness, and the accessibility of the health facility.

There appears to be greater indication of the men and unfamiliarity with health services on the mainland as indicated by the percentage of home and self-care. However, the shortness of their stay and general unfamiliarity with the area account partially for their reticence in the use

² Hospitals are the generally recognized medium for this most sophisticated type of health care under their system of socialized medicine. Hospital care is being more among this population, mostly Puerto Rican farm workers, coming from this practice in Puerto Rico.

of health services. One-fourth report no use of health services on the mainland and 37% report no experience with health services either here or on the island. Regarding native cure services in Puerto Rico, comments were made such as "they never go to the countryside." Some felt health care is indirectly more available on the mainland. "When I can call the farmer if I'm sick." "I feel better here. In Puerto Rico there is no one to go to when. Here they come and look for you."

Popular Health Practices

In general, though contact is tenuous, sporadic, and often unpatterned with health services, there are some indications that the men and their families seek their health care from experienced healers and try to be self-reliant in their knowledge of health and hygiene. Midwifery is reported as decreasing; the present percentage is 30. Merely 20% report that midwives were used earlier in their families and several added it was so when they lived in the country. As a result the increased urbanization is evident. "When I was born she used a partera (an untrained midwife), later no. Now is different. . . , it is easier to go to the doctor if the birth is by Caesarian section." My mother is a partera; she calls the doctor when she gives birth. . . . Even midwives, as reported by a number of the men, are authorized by the government.

Though over one-half of the men feel that herbs can cure faster and/or better than pharmacy medicines, only a small

number attribute it to supernatural causes. A large number acknowledge that this was believed in the past and in the countryside, but presently "it will be not believe" saying that that belief is the harmful power of plants they also such reasons as "In reality, medicines collected come first from plants and herbs." The effectiveness of the plants depends on "the work of the doctors." Some see it as a very little bit as a medicine. "It is a medicine, when it is according to our doctors." Over one-third deny the value of plant cures and one man even reports that it is forbidden for doctors to prescribe them although it might be a little practice was acknowledged coming from "the late superstition and progress to recognition that only some sort of it is so).

Another area in which relative change regarding the sociocultural beliefs and health attitudes can be seen is the declining belief in spiritism. Only a small part could express belief in phenomena such as evil eye and "black magic" but were aware of their position in this matter. One man relates his belief in it by saying it is his view of spirits--"I believe-spirits are gifts-isms of God and they come from nature." A few respondents experienced with it, such as "it is a little bit of the respondent a bad one." "Doctors can't cure this," he replied, blessing himself. The majority of respondents have the opinion that it is only superstitious stories now, but it possibly exist as it is past.

Family and Health Beliefs

Continuity of care here is provided by the family, their role in the curative process being an important one. It is indicated that being with the family provides a healthful atmosphere that leads to economic productivity and continued health. "They take good care of me in the family." Optimum health is maintained through mutual help--"helping each other and taking them to the doctor and financial matters--"father works to pay the costs." Health is reported as better in the family. "I felt happy being with the family. I never got sick. So, I know. No lack of communication." Health services are not evaluated so much on their offering, but the environment in which they are located. "Health services are better in Puerto Rico. Because I am happy, all seems to go." Health services are better in Puerto Rico because I am with the family."

As the factors of sociocultural background and dominance of the primary group have had importance in the health practices and attitudes of the Puerto Rican migrant farm workers, the overall high level of satisfaction and corresponding low level of dissatisfaction can be added as significant also--perhaps, as adaptive mechanisms. Over 70% responded favorably to health service offerings on the mainland; while 20% reported no contact at all. In only three instances is dissatisfaction expressed--"what they give me pills that many times don't have any effect" and "they don't know English suffers in quantity."

Level of Satisfaction and Expectations

Again, this situation closely parallels that of the living-working experience. In direct questioning there were no strong opinions or reactions of the men until the researcher asked them of the working conditions in their families or children. At that time, there was a strong opinion in both countries; that given Black, it was bad (they are used). It is only in indirect questions, in descriptions of health services in Puerto Rico and the United States, that their expectations, specific and demanding, regarding health services were elicited. Complacency, individual attention, and public concern for the state of medical services were mentioned by the men as requisites of good health services. The majority strongly indicated that if one pays one receives better health care. These comments were made indirectly through such comments as "There are good private hospitals, but I don't go to the public district hospital."

Another case can be made for the high evaluation and of their present health status. Of the sample, 91% felt they were in good health. This compares similarly with the 1964-65 University of Puerto Rico School of Medicine study of migrant farm workers where only 2 respondents out of 35 reported their health as fair. Despite the seeming satisfactory state of the health of the workers, the study noted that respiratory and gastrointestinal conditions disabled the men for various periods of time. Rheumatism, epilepsy, tuberculosis, and peptic ulcers were reported frequently in family medical histories.

Later reports point out similar discrepancies. According to the 1968 annual report of the U.S. and Puerto Rican Health Services under the Intervention, I Classification of Diseases and Health Conditions (ICD-9M Code), the most frequently treated diseases and conditions were (1) diseases of the digestive system including dental problems and ulcers, (2) diseases of the musculoskeletal system, osteoarthritis, rheumatoid arthritis, and others, (3) nervous system, depression, and alcoholism including a large number of alcoholism, cirrhosis, sprains, and fractures, (4) diseases of the nervous system and sense organs, such as vision problems, and (5) infectious and parasitic diseases. A discrepancy between the men's perception of their health (through their definition of health and illness) and the statistical reports of conditions treated is indicated.

RECOMMENDATIONS OF THE STUDY

Introduction

The recommendations of this study are based not only on the findings of this particular research conducted with the sample chosen of Puerto Rican migrant farm workers, but also upon the study of and work experience in migrant farm worker health programs. This source of information has been drawn primarily from (1) visits and varied reading in the area of migrant health, resources for disadvantaged groups, (2) a two week study of migrant health service as offered in Puerto Rico, using as bases bases migrant health workers in Virginia and the Social Sciences Research Center of the University of Puerto Rico in Rio Piedras, (3) two

FOOTNOTES: Appendix in the Siler County Migrant Health Program, and (4). Interviews with health service personnel in three counties. The results of all of these endeavors and the previously described research project are set out in the following contents and recommendations.

Health Service Recommendations

There are certain requisites for all health programs and the first is availability. In what way or ways should health care facilities for migrant farm workers be made available--as an occupational health program, as a specialized and separate program, synonymous with the regular health care of the community, or as part of a rural health program?

Will this--as an occupational health program, as a specialized and separate program, synonymous with the regular health care of the community, or as part of a rural health program?

An occupational health care program, according to this study, is the most consistent with the sociocultural background of the farm workers in its most negative aspects. It reinforces those negative and perpetuating aspects of the subculture of migrant workers. It sets up policies and priorities for health care services emphasizing those services that maintain the health of the patient to a level at which he can function satisfactorily as a worker. Thus, the program can justify itself to the community by sustaining one segment of the economic web and protect the community (as in the case of communicable diseases). Both these aims are, of course, desirable, but the producer and underwriter of the services rendered in the occupational health care program are only the health officials and the resident local community. The role of the migrant farm

worker in determining the type and extent of services necessary for his and his family's health is a passive one. The men are dependent upon their employers for more than a specified number of hours of employment. The provision of housing, free transportation, and most importantly, the subsidization of health services have implications that go far beyond the normal contractual relationship of employer and employee and reinforces the dependency characteristic of the migrant work status.

The above provisions, housing, health care and transportation, compounded by aspects of farm life itself, such as irregular hours, cloud the relationship of employer and employee--the expectations of both regarding living and working conditions becomes a matter of contention. Because of the special circumstances of their work situation, the employer's role often overextends the traditional bounds and enters into the non-work related concerns of the migrant farm workers. This, also, creates role uncertainty on the part of the migrant farm workers who perceive their roles as one tied up in an undesirable living arrangement that revolves almost entirely around the conditions of their employment.

Occupational health care can be beneficial as a supplement, but not as an entire program of health care for this population. At present, and almost by definition, the program of occupational health care is limited to short term problems. It deals with them with varying degrees of

accuracy, but "leave some of the larger problems--such as social health care--that are bound up in the migrant life style."

A second type of program, a specialized and separate program, regardless of its appropriateness, overweighs the disadvantages of perpetuating the isolation of the men and separating them further from the resources and services of the community. Entering to this hard-to-reach group by programs of transportation, special health facilities, and social services only transfers the dependency from the employer to the health officials. Such programs do meet needs and work relatively well, but they perpetuate the lack of involvement of the migrant farm workers in the major societal institutions, foster a provincial outlook by limiting contacts with experiences that can test and challenge both fears and attitudes, and reinforce feelings of dependency and inferiority through non-participation in decision-making regarding their health and its maintenance.

On one hand, this type of program is acceptable to the community since it relieves many of their responsibilities and provides a centralized method for health care. But, on the other hand, such specialized services are actually resented by the community which is already overburdened by its own share. Relationships in this context grow strained and the social well-being in the community suffers.

a key disadvantage of this perspective is its exclusion of marginals--those who drop out of the migrant stream as well as the community residents who are seasonal farm laborers. All three groups--migrants, "stragglers," and seasonal workers--share the same subcultural background, occupational position, and health attitudes, but under a specialized program two of the three disadvantaged groups are not reached.

As participants in the regular health care of the community, the third type of program, the one most chosen by physicians and services and receive scientific support in the community, coming to see in some form its structure and functioning. As pointed out in the introduction to the study, the migrant farm worker population is not a homogeneous one--there is unity and diversity of cultural background and life-experiences. If the community health care structure comes to understand the common historical-social baggage and if the migrant farm workers, farm health officials can more productively work with the migrants, recognizing the values inherent in their cultural diversity.

The limitation of this method of health care delivery is a financial one. It is true that migrant farm workers could not compete for equal and quality health care with their limited resources. But that is not unique. The original disadvantaged groups--the former migrants, the welfare residents, and the working poor--also find the health system insufficient and unresponsive to their needs.

thus, the socio-economic composition of the groups within the three counties involved in the study indicates the need for a comprehensive rural health program, the fourth alternative.

Migrant labor is on the decline. Over five years ago it was stated at the Western Region Migrant Health Conference that the transition from migrant health care to rural health care had already begun in recognition of the changes in agriculture. In this sense, migrant health programs are to be temporary and not an institutionalized part of community health care. Migrant health care should work itself out of a job--giving a more adequate integration of services and providing an effective climate for the utilization of health services. Migrant health care should not cripple the community, but heal and coordinate the members of its body. Within this framework health care on a public service basis must be wide open to all in the community (not necessarily free, but within the means of all) and it can be best achieved by specialists involved in health care--migrant and rural. This is quite distinct from specialization which sets up a conflicting interest groups.

In summary, the optimum goal appears to be a rural health program, with specialists and not specialists, that can coordinate and serve all sectors of the rural population.

Health care, secondly, must be accessible. The role of the community is crucial in deciding the degree such services will be accessible, depending upon their willingness

to open resources to temporary "residents." One possible area of concern is the working hours of clinics and facilities. Again, this is not solely the dilemma of the migrant farm worker, but a common problem of a rural community. It is not within the scope of this study to recommend what hours should be established, but to point out a method by which such decisions can be made in the light of the needs of all sections of the community.

Well-recognized structures for this type of decision-making should be established through various channels that keep the flow of information constant, spontaneous, and frank. One such method is truly representative summer boards which place strong emphasis on constant renewal and upgrading of policies and programs. The board should develop goals (incremental and comprehensive) establishing task force subcommittees to aid in the implementation of their aims. Communication among board members and their "constituency" should become increasingly sophisticated through conscious development of communication skills, possibly by training in group dynamics.

While such a board may be the official source and channel of advice for health services, the informal structure of the community can be utilized to aid in attitude modification and to further exposure to the problems and needs of varying sectors of the rural population.

The final requirement for health services can be identified as acceptability. The deciding factor of ac-

ceptibility is the use made of health services, preventative and curative, by the given population. The implication for health services, then, is that they must make use of points of intervention in the migrant life style, even discovering more subtle entrances, to gain the support with and respect of the migrant farm workers. Continued use of health aides recruited from the migrant stream is essential. Extra care must be taken in their training, supervision, and assignment so that their presence is not token. Their training should include aspects of group dynamics, community organization, and health education.

The work of health aides can be reinforced by that of professional social service workers in promoting an atmosphere that deals effectively with the problems of social distance, linguistic differences, and cultural barriers, and in assuming the legitimate role of social advocates. Increased casework at this stage is indicated. Social service in the medical outreach setting should involve itself in aggressive counseling, making its entrance at the point of medical concern or crisis that affects other aspects of life. By studying characteristics of the various stages of the family life cycle, the social worker can determine the points of vulnerability where families are most likely to lose control over decision making due to financial, medical, or social crises, and they can set up supportive measures that would restore control over life-choices.

In developing wide scale acceptability of community

health services, a strong, full-time program of community organization is encouraged. Adherence to this form of social service recognizes blocks in the social system as injurious to the individual as blocks in the personality system.

Method in community organization practice is the orderly application of a relevant body of knowledge, guided by a social work values. The worker applies systematically and sequentially this coherent body of knowledge, applying pre-formed wisdom and learned behavior through characteristic, distinctive, and descriptively procedures to help the community engage in a process of planned change. (Chatterjee, 1970: 82)

This process is not a new one, but perhaps a less frequently used method. In 1947 Mary McMillan in the Social Work Year Book summarizes the role of the community organizer --"he acts as a catalytic agent in helping his primary group achieve unity of purpose, clarity in defining specific objectives and effectiveness in influencing other groups." He supports the activities of these groups by "assuming responsibility for such technical services as research, administration, and public relations." (p. 110) Responsibility, then, can be seen not as purely use or non-use of services, but rather it becomes the ability to articulate the degree to which services are consonant with the needs of a social group.

Summary and additional recommendations

It is recommended that:

1. There be formulation and implementation of a comprehensive rural health program in the counties under study that integrated community health care in an accessible and acceptable manner.

2. Migrant Health be recognized as only a temporary structure in which transition from migrant to rural health (that, of course, includes migrant workers) be planned.
3. There be the organization of channels for community communication and participation in the policy making of present and future health programs including migrant farm workers.
4. There be utilization of informal structures within the community to support the flow of communication to formal structures where decision making is carried out.
5. Provisions be made for the employment of specialists, though not particularization of services, in the field of rural health designed to meet the individual needs of migrants who have a similar cultural background.
6. There be meaningful training and effective use of health workers recruited from the migrant and rural community, who will develop rapport with disadvantaged groups, earning their respect and trust.
7. The role of social services be extended to include aggressive case work services.
8. Social service workers conduct research, exploring possible points and strategies of intervention into the migrant family life style.
9. A strong program of community organization be established, where acceptability of health services will be truly achieved by the development of skills of articulation with the disadvantaged social group.

10. There be provision for mental health care and increased personnel for psychiatric social work among the rural poor.
11. Increased number of social workers to step up casework programs as changes in migrant and rural health care take place, for "despite the fact that he (disadvantaged rural group) has been provided with gradually increasing opportunities, he is faced with increasing frustrations based on the sense of relative deprivation and the growing demand that he solve his problems."
[Bell, 1968: 805]
12. There be a change in funding of such health programs, making it less politically oriented and eliminating the situation in which one must seek funds from county, state and federal offices.
13. There be better working relations between health personnel and local government officials.
14. There be better and/or continued coordination and team work between health workers and social service workers, which will bring about the adoption of an interdisciplinary approach to the manifestations of diseases, their causes and cures.
15. There be efforts to upgrade the status of migrant farm work. This has been done in some areas where special crews work in only certain crops, commanding higher wages and benefits as well as social status.

16. A change be made in the traditional work relationship between farmer and farm worker, where movement toward contractual relations instead of the traditional familial work relations is essential.
17. There be less responsibility for the provision of housing for the migrant farm worker on the part of the farmer. The system of "company" housing is an unfair arrangement and one that perpetuates the dependency of the worker and his family on the farmer.
18. There be alternative ways of maintaining a stable work relationship in the farm setting, where the worker's skills are valued and he has less dependence on the farmer for the provision of his outside-work-hours necessities.
19. Further research into the possibilities of setting up "migrant" communities. This was suggested, but not endorsed in 1968 by the Governor's Task Force on Migrant Farm Labor since it was felt that it would isolate the migrant farm workers. While there are strong disadvantages to this suggestion, so is the possibility of ghetto building, research should be conducted on the feasibility, strategies, outcomes, and consequences of community building, and organization on the part of the rural disadvantaged. This recommendation is based on the assumption that migrancy is not so much a minority phenomenon, but that its characteristics are more significant of what it means

to be disadvantaged. And if low level of organization is a characteristic of that subculture of poverty, and if that trait is one that has undesirable consequences for that group (as in the inability to seek and procure adequate health services) and the community, then research is mandated to (1) find the consequences of the modification of that trait--the effects internal to the group, the consequences to the larger society, and the implications for the relationship between those two groups, and (2) to develop alternative strategies that will best accomplish the goals to be achieved.

Recommendations for Further Research

The conclusions and recommendations of this study must be seen within the context of the research project itself. This has been an exploratory study and should be evaluated as such. Characteristics of the migrant population of three South Jersey counties have been identified, explored, and related to the use of health services. The scope of this study has been so broad as to point out the direction of the change, but not so intensive as to draw the fine lines of implementation. Therefore, many of the relationships discovered need to be further tested with more sophisticated research instruments if one is to be able to identify clearly the variables operative within the proposed relationships.

This study has been illustrative of the migrant culture based on the subjective perceptions of a sample of its population. In so much as those perceptions form a distinguish-

otic pattern, further research should find the sources of these beliefs and attitudes. And although this study reports the health status of this sample and generalizes it to the Puerto Rican migrant population in the area studied, it is the health status as reported by the men. Further research can indicate reasons for the discrepancy between such self-evaluations and medical reports of migrant worker health status were such discrepancies are found.

However, the most valuable form of research to follow this study, according to the present researcher, is to seek in concrete points of intervention in the migrant life style, which will aid in drawing the migrant out and into the mainstream of American life and prosperity. To do this requires research that will develop, according to Dorothy Sullins Bourne in speaking of the Puerto Rican country dweller, "knowledge and skills which will free him from his traditional occupational and social roles." (1965: 288) The migrant farm worker lacks exposure to and experience with the larger society, a society which offers him minimal opportunities for employment, but denies him the means of social interaction and vertical mobility within its structure.

It should not be the aim of continued research to create a new personality for the migrant farm worker. The radical reshaping of the character of the Puerto Rican migrant farm worker in the image of American culture would be a gross disservice to the population as well as ethnocentrism for the researcher. But what the researcher can

why is to what degree and in what manner the present personality of the migrant farm worker is an asset or a liability. This study has pointed out the characteristics⁶ and implications of that background. It remains to be found what elements from the past are assets, what will give "continuity to life and world view; . . . what will preserve or give self-respect through an understanding of a present rooted in the past." (Boorne, 1945: 282) and this should be the main thrust of future research.

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⁶These characteristics, of poverty, of isolation, of familial solidarity, of low level of organization, seem to converge with those identified by Oscar Lewis in 1916 and 1926 E. Harrison in The Migrant Agricultural Farm Workers' Attitudes Toward Health.

APPENDIX I: VARIATIONS OF TIME AND DAY IN INTERVIEWING

Date	Day	Time	County	Farm	
				Location	Number
8/11	Wednesday	11:15 A.M.	Salem	A	1
"	"	12:15 P.M.	"	B	1
8/17	Tuesday	12:30 P.M.	"	C	1
8/19	Thursday	12:00 noon	Gloucester	A	2
"	"	6:30 P.M.	Salem	D	1
"	"	8:30 P.M.	"	E	2
8/21	Saturday	1:00 P.M.	Salem	F	3
"	"	3:00 P.M.	"	G	1
"	"	4:00 P.M.	Gloucester	B	2
8/22	Sunday	2:00 P.M.	Cumberland	A	1
"	"	3:00 P.M.	"	B	3
8/25	Wednesday	6:30 P.M.	Gloucester	C	3
"	"	9:00 P.M.	Salem	H	1
9/2	Friday	2:00 P.M.	Cumberland	C	1
"	"	3:00 P.M.	"	D	3
"	"	7:00 P.M.	"	B	1
9/5	Sunday	8: 00 P.M.	Gloucester	E	1

NUMBER OF INTERVIEWS BY COUNTY

11 in Salem County
10 in Gloucester County
9 in Cumberland County

NUMBER OF FARMS INVOLVED

8 in Salem County
5 in Gloucester County
3 in Cumberland County

Appendix II Map of Puerto Rico Showing Residence of Respondents



● indicates residence
of respondent

Unable to find
1. Sabana Seca
2. Alto Frio

APPENDIX III: INTERVIEWS WITH HEALTH OFFICIALS

An important segment of this study was the interviews with health officials that took place in the winter and spring of 1972. A range of personnel from health services was chosen in order to allow for greatest breadth of experiences among the respondents. Policy-makers, field nurses, directors of migrant health programs, and social workers were interviewed formally and informally. No great number in any category was interviewed due to the pressure of time on the part of researcher and respondents and the willingness and the availability of the health officials.

About 13 hours were spent in formal health official interviews. During these interviews, the experiences of the respondents was tapped with regard to perceptions of migrant culture, the health status of the migrant farm workers, and community attitudes. Some of the questions were:

With regard to seeking social services, do the migrant farm workers present any striking cultural patterns?

How do the migrant families relate to health and social service workers--as friends. . . as outsiders. . . as resources. . . as nuisances. . .?

What are the attitudes and feelings of the migrant farm workers toward counseling?

What is the relationship in your office between health and social services? Is it satisfactory?

What aspects of migrant health care are seen as priorities?

Are there any special or recurrent health problems that seem to be present with large numbers of migrant workers?

Most of those interviewed with open and helpful. The results of these interviews are woven, along with the work-experience of the researcher, into the section on Recommendations.

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